

Federal Communications Commission Washington, D.C. 20554 FCC 303-S	Approved by OMB 3060-0110 (March 2011)	FOR FCC USE ONLY
APPLICATION FOR RENEWAL OF BROADCAST STATION LICENSE Read INSTRUCTIONS Before Filling Out Form		FOR COMMISSION USE ONLY FILE NO. BRC DT - 20140530AUB

Section I - General Information- TO BE COMPLETED BY ALL APPLICANTS

1.	Legal Name of the Licensee RUBY MOUNTAIN BROADCASTING, LLC				
	Mailing Address 1500 FOREMASTER LANE				
	<table border="1"> <tr> <td data-bbox="162 640 771 714">City LAS VEGAS</td> <td data-bbox="771 640 1169 714">State or Country (if foreign address) NV</td> <td data-bbox="1169 640 1466 714">ZIP Code 89101 -</td> </tr> </table>	City LAS VEGAS	State or Country (if foreign address) NV	ZIP Code 89101 -	
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	<table border="1"> <tr> <td data-bbox="162 714 771 787">Telephone Number (include area code) 7753366216</td> <td data-bbox="771 714 1466 787">E-Mail Address (if available) DHILL@MYNEWS4.COM</td> </tr> </table>	Telephone Number (include area code) 7753366216	E-Mail Address (if available) DHILL@MYNEWS4.COM		
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	<table border="1"> <tr> <td data-bbox="162 787 771 850">FCC Registration Number: 0006464127</td> <td data-bbox="771 787 1169 850">Facility ID Number 63845</td> <td data-bbox="1169 787 1466 850">Call Sign KENV-DT</td> </tr> </table>	FCC Registration Number: 0006464127	Facility ID Number 63845	Call Sign KENV-DT	
FCC Registration Number: 0006464127	Facility ID Number 63845	Call Sign KENV-DT			
2.	<table border="1"> <tr> <td data-bbox="162 850 771 924">Contact Representative J. DOMINIC MONAHAN</td> <td data-bbox="771 850 1466 924">Firm or Company Name LUVAAS COBB</td> </tr> </table>	Contact Representative J. DOMINIC MONAHAN	Firm or Company Name LUVAAS COBB		
Contact Representative J. DOMINIC MONAHAN	Firm or Company Name LUVAAS COBB				
	Mailing Address 777 HIGH STREET SUITE 300				
	<table border="1"> <tr> <td data-bbox="162 1018 771 1092">City EUGENE</td> <td data-bbox="771 1018 1169 1092">State or Country (if foreign address) OR</td> <td data-bbox="1169 1018 1466 1092">Zip Code 97401 - 2787</td> </tr> </table>	City EUGENE	State or Country (if foreign address) OR	Zip Code 97401 - 2787	
City EUGENE	State or Country (if foreign address) OR	Zip Code 97401 - 2787			
	<table border="1"> <tr> <td data-bbox="162 1092 771 1165">Telephone Number (include area code) 5414849292</td> <td data-bbox="771 1092 1466 1165">E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM</td> </tr> </table>	Telephone Number (include area code) 5414849292	E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM		
Telephone Number (include area code) 5414849292	E-Mail Address (if available) DMONAHAN@LUVAASCOBB.COM				
3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)				
4.	Purpose of Application <input checked="" type="radio"/> Renewal of license <input type="radio"/> Amendment to pending renewal application If an amendment, submit as an exhibit a listing by Section and Item Number the portions of the [Exhibit 1] pending application that are being revised.				
5.	Facility Information: <input checked="" type="radio"/> Commercial <input type="radio"/> Noncommercial Educational				
6.	Service and Community of License a. <input type="radio"/> AM <input type="radio"/> FM <input type="radio"/> FM Translator <input type="radio"/> LPFM <input type="radio"/> TV Translator <input type="radio"/> Low Power TV <input type="radio"/> Class A TV <input checked="" type="radio"/> Digital TV <input type="radio"/> Digital Translator or Digital LPTV <input type="radio"/> Digital Class A TV <table border="1"> <tr> <td colspan="2">Community of License /Area to be Served</td> </tr> <tr> <td>City: ELKO</td> <td>State : NV</td> </tr> </table> b. Does this application include one or more FM translator station(s), or TV translator station(s), LPTV station(s), in addition to the station listed in Section I question 1? (The callsign(s) of any associated FM translators, TV translators or LPTV stations will be requested in Section V). <input type="radio"/> Yes <input checked="" type="radio"/> No	Community of License /Area to be Served		City: ELKO	State : NV
Community of License /Area to be Served					
City: ELKO	State : NV				
7.					

Other Authorizations. List call signs, facility identifiers and location(s) of any FM booster or TV booster station(s) for which renewal of license is also requested.

[Exhibit 2]

☐ N/A

NOTE: In addition to the information called for in Sections II, III, IV and V, an explanatory exhibit providing full particulars must be submitted for each item for which a "No" response is provided.

Section II - Legal - TO BE COMPLETED BY ALL APPLICANTS

1.	Certification. Licensee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application, instructions and worksheets.	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	Character Issues. Licensee certifies that the neither the licensee nor any party to the application has or has had any interest in, or connection with:	
	a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or	<input type="radio"/> Yes <input checked="" type="radio"/> No See Explanation in [Exhibit 3]
	b. any pending broadcast application in which character issues have been raised.	<input type="radio"/> Yes <input checked="" type="radio"/> No See Explanation in [Exhibit 4]
3.	Adverse Findings. Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
4.	FCC Violations during the Preceding License Term. Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If No, the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
5.	Alien Ownership and Control. Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
6.	Anti-Drug Abuse Act Certification. Licensee certifies that neither licensee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	Non-Discriminatory Advertising Sales Agreements. Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain nondiscrimination clauses. Noncommercial licensees should select "not applicable."	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 8]

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing TIM YOCK	Typed or Printed Title of Person Signing MEMBER
Signature	Date 5/30/2014

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Section IV - TO BE COMPLETED BY TV AND CLASS A LICENSEES ONLY

1.	Biennial Ownership Report: Licensee certifies that the station's Biennial Ownership Report (FCC Form 323 or 323-E) has been filed with the Commission as required by 47 C.F.R. Section 73.3615.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 17]
2.	EEO Program: Licensee certifies that: a. The station's Broadcast EEO Program Report (FCC Form 396) has been filed with the Commission, as required by 47 C.F.R. Section 73.2080(f)(1). Specify FCC Form 396 File Number : B396 - 20140530ATZ b. The station has posted its most recent Broadcast EEO Public File Report on the station's website, as required by 47 C.F.R. Section 73.2080(c)(6).	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 18] <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 19]
3.	Local Public File. Licensee certifies that the documentation, required by 47 C.F.R. Section 73.3526 or 73.3527, as applicable, has been placed in the station's public inspection file at the appropriate times.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 20]
4.	Violent Programming. Licensee certifies that no written comments or suggestions have been received from the public that comment on its station's programming and characterize that programming as constituting violent programming. If No, submit as an Exhibit a summary of those written comments and suggestions received from the public.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 21]
5.	Children's Programming Commercial Limitations. For the period of time covered by this application, the licensee certifies that it has complied with the limits on commercial matter as set forth in 47 C.F.R. Section 73.670. (The limits are no more than 12 minutes of commercial matter per hour during children's programming on weekdays and no more than 10.5 minutes of commercial matter per hour during children's programming on weekends. The limits also apply pro rata to children's programs which are 5 minutes or more and which are not part of a longer block of children's programming.) If No, submit as an Exhibit a list of each segment of programming 5 minutes or more in duration designed for children 12 years and under and broadcast during the license period which contained commercial matter in excess of the limits. For each programming segment so listed, indicate the length of the segment, the amount of commercial matter contained therein, and an explanation of why the limits were exceeded.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 22]
6.	For the period of time covered by this application, the applicant certifies that it has filed with the Commission, and incorporates by reference , the Children's Television Programming Reports (FCC Form 398) as described in 47 C.F.R. Section 73.3526. If No, submit as an Exhibit a statement of explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in

		[Exhibit 23]
7.	For the period of time covered by this application, the applicant certifies that the average number of hours of CORE programming per week broadcast by the station totalled 3 hours or more (averaged over a six-month period).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 24]
8.	The licensee certifies that it identifies each CORE Program aired at the beginning of the airing of each program as required by 47 C.F.R. Section 73.673. If No, submit as an Exhibit a statement of explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 25]
9.	The licensee certifies that it provides information identifying each CORE Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673. If No, submit as an Exhibit a statement of explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 26]
10.	The licensee certifies that it publicizes the existence and location of the station's Children's Television Programming Reports (FCC Form 398) as required by 47 C.F.R. Section 73.3526(e)(11)(iii). If No, submit as an Exhibit a statement of explanation, including the specific steps the applicant intends to implement to ensure compliance in the future.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 27]
11.	The licensee may include as an exhibit any other comments or information it wants the Commission to consider in evaluating compliance with the Children's Television Act. This may include information on any other non-core educational and informational programming that the applicant aired or plans to air, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTE 2.	[Exhibit 28]
12.	Continued Class A Eligibility. Licensee certifies that its station does, and will continue to, broadcast: (a) a minimum of 18 hours per day; and (b) an average of at least 3 hours per week of programming each quarter produced within the market area served by the station, a group of commonly controlled low power or Class A stations whose predicted Grade B contours are contiguous.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 29]
13.	Discontinued Operations. Licensee certifies that during the preceding license term, the station has not been silent for any consecutive 12-month period.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 30]
14.	Silent Station. Licensee certifies that the station is currently on the air broadcasting programming intended to be received by the public.	<input checked="" type="radio"/> Yes <input type="radio"/> No
15.	Environmental Effects. Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments. By checking "Yes" above, the licensee also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radio frequency electromagnetic exposure in excess of FCC guidelines.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 31]
16.	Local TV Ownership Waiver. Has the licensee been granted a "failing" or "marginal" station waiver of 47 C.F.R. Section 73.3555(b)? If Yes, submit as an Exhibit a specific factual showing of the program-related benefits that have accrued to the public as a result of that waiver.	<input type="radio"/> Yes <input checked="" type="radio"/> No See Explanation in [Exhibit 32]

Exhibits**Exhibit 2****Description:** AUXILIARY AUTHORIZATIONS TO BE RENEWED WITH PARENT STATION**Attachment 2**

Description
Auxiliary Authorizations to be renewed with Parent Station

Exhibit 3**Description:** BEARTOOTH COMMUNICATIONS COMPANY CHARACTER ISSUES

OUT OF THE ABUNDANCE OF CAUTION, WE HAVE INCLUDED THE CHARACTER ISSUES RAISED REGARDING STATION KTVH-DT IN HELENA, MT.

Attachment 3

Description
Exhibit 3 - Character Issues

Exhibit 4**Description:** PENDING APPLICATIONS**Attachment 4**

Description
PENDING APPLICATIONS

EXHIBIT 2

List of Auxiliary Authorizations to be renewed

with parent station facility ID 63845

WPNG809 TI – TV Intercity Relay

WPNG807 TS – TV Studio Transmitter Link

CHARACTER ISSUES

1. Beartooth Communications Company

In its *Memorandum Opinion and Order* of January 11, 2011, the Commission took note that a joint sales agreement and a shared services agreement, a construction and lease agreement and a co-location/co-use agreement existed between Rocky Mountain Broadcasting Company, the licensee of Station KMTF-DT, Helena, Montana, and Beartooth Communications Company ("Beartooth"), the licensee of Station KTVH-DT, Helena, Montana, a wholly owned subsidiary of Intermountain West with regard to the operation of Station KMTF(DT), Helena, Montana. Not noted in that *Memorandum Opinion and Order* was the fact that an earlier time brokerage agreement between Rocky Mountain Broadcasting and Beartooth Communications had been terminated as of August 15, 2005. Since that time Rocky Mountain has programmed Station KMTF via network affiliation agreements independently negotiated by Rocky Mountain with the following networks:

Name	Start Date	Termination Date
WB	July 1, 20005	March 23, 2006
CW	March 28, 2006	September, 2014

But for the Shared Service Agreement and the Joint Sales Agreement dated August 30, 2006 between the parties, and which was amended on August 30, 2010, there are no other on-going agreements with Beartooth or Intermountain West.

Other Litigation and Administrative Proceedings

1. There are three appeals by Beartooth Broadcasting Company with regard to Notices of Apparent Liability (NALs) issues against its affiliates KBAO TV, Lewiston, Montana; KTVH-TV, Helena, Montana; and KBBJ TV, Havre, Montana. The parent company of these three affiliates is Intermountain West Communications Company. The NALs for Forfeiture were released March 4, 2008 for Havre, KBBJ TV and March 12, 2008 for KBAO TV, Louistown, Montana and KTVH TV, Helena, Montana for "... apparent willful and repeated violations of Section 73.3526(e)(11)(iii) of the Rules, for failing to publicize the existence and location of its Children's Television Programming Reports". The NALs propose fines of \$10,000 for each Beartooth license for a total of \$30,000. Beartooth opposed the proposed forfeitures. No decision has been reached by the FCC on the matters.
2. The following applications remain pending due to formal or informal objections:
 - a. The license renewal application for KMTF (Fac. ID 68717), File No. BRCT-20051201CIX (opposition by MMM License Co.);
 - b. The transfer of control application for KMTF (Fac. ID 68717), File No. BTCCT-20060915APG (opposition by MMM License Co.); and
 - c. The license renewal application for KTVH (Fac ID 5290), File No. BRCT-20051129AOL (opposition by MMM License Co.).

**EXHIBIT 4
SECTION II
QUESTION 2b OF 303-S FOR
KTVH-DT
KSNV-DT
KRNV-DT
KENV-DT**

APPLICATIONS PENDING BEFORE THE COMMISSION:

KTVH-DT – BEARTOOTH COMMUNICATIONS COMPANY

- 1. 314 Assignment Application File # BALCDT - 20140516AAM**
- 2. 303-S 2005 License Renewal Application File #BRCT 20051129AOL**
- 1. 303-S 2013 License Renewal Application File #BRCT- 20131127AXE**

KSNV-DT – SOUTHERN NEVADA COMMUNICATIONS

- 3. 303-S License Renewal Application File # BRCT-20060525AJJ**

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (March 2013)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. BOL-20140530AUA

Section I - General Information

1. Legal Name of the Respondent RUBY MOUNTAIN BROADCASTING, LLC				
Street Address (1) 1500 FOREMASTER LANE				
Street Address (2)				
City LAS VEGAS	State or Country (if foreign address) NV		ZIP Code 89101 -	
Telephone Number (include area code) 7753366216	E-Mail Address (if available) DHILL@MYNEWS4.COM			
FCC Registration Number: 0006464127	Call Sign KENV-DT	Facility ID Number 63845		
2. Contact Representative J. DOMINIC MONAHAN				
Street Address (1) 777 HIGH STREET				
Street Address (2) SUITE 300				
City EUGENE	State or Country (if foreign address) OR		ZIP Code 97401 - 2787	
Telephone Number (include area code) 5414849292	E-Mail Address (if available) DMONAHAN@LUVAAASCOBB.COM			
3. Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest				
4. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)				
5. All of the information furnished in this Report is accurate as of 05/28/2014 (Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)				
6. Purpose: This Report is filed for: (choose one)				
a. <input type="radio"/> Biennial				
b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)				
c. <input type="radio"/> Transfer of Control or Assignment of License/Permit				
d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.				
e. <input checked="" type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)				
f. <input type="radio"/> Amendment to a previously filed Ownership Report			File Number: -	
If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.			[Exhibit 1]	
7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:				
Licensee Name RUBY MOUNTAIN BROADCASTING, LLC		Licensee's FCC Registration Number (FRN) 0006464127		
Station List				
This Report is filed for the following stations:				
Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KENV-DT	63845	ELKO, NEVADA	Television
8. Respondent is:				
<input type="radio"/> Sole Proprietorship		<input type="radio"/> Not-for-profit corporation		<input type="radio"/> Limited partnership
<input type="radio"/> For-profit corporation		<input type="radio"/> General partnership		<input checked="" type="radio"/> Other
If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2]				

Section II-A - Non-Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, Permittees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee or Permittee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.					
<input type="checkbox"/> Not Applicable					
Contract Information					
Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	NETWORK AFFILIATION AGREEMENT	NBC UNIVERSAL	Month JANUARY	Month DECEMBER	

			Year 2001	Year 2017 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
2.	JOINT SALES AGREEMENT	SINCLAIR BROADCAST GROUP	Month NOVEMBER Year 2013	Month NOVEMBER Year 2021 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
3.	MANAGEMENT AGREEMENT	INTERMOUNTAINWEST COMMUNICATIONS	Month NOVEMBER Year 2013	Month NOVEMBER Year 2021 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
4.	SHARED SERVICES AGREEMENT	SINCLAIR BROADCAST GROUP	Month NOVEMBER Year 2013	Month NOVEMBER Year 2021 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees, Permittees, or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)
☒ Not Applicable
 [Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee or Permittee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee or Permittee for which the report is being submitted.

Ownership Interests Information

Copy 1.	Name	RUBY MOUNTAIN BROADCASTING, LLC
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0006464127
	Percentage of votes	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy 2.	Name	JAMES E ROGERS, TRUSTEE OF THE JAMES E. ROGERS TRUST
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	

	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0021267950
	Percentage of votes	97 %
	Percentage of total assets (equity debt plus)	0 %
Copy 3.	Name	BEVERLY ROGERS TRUSTEE OF THE BEVERLY ROGERS TRUST
	Address	Street 1901 PLAZA DELDIOS City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0021267984
	Percentage of votes	3.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy 4.	Name	LISA HOWFIELD
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0021252127
	Percentage of votes	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 5.	Name	TIMOTHY YOCK
	Address	Street 1500 FOREMASTER LANE City/State

	LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019307040
Percentage of votes	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 6.	
Name	FRANCES GOLDBERG
Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 08101 - Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019307107
Percentage of votes	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 7.	
Name	INTERMOUNTAIN WEST COMMUNICATIONS COMPANY
Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): PARENT COMPANY

FCC Registration Number		0003708823	
Percentage of votes		0.0 %	
Percentage of total assets (equity debt plus)		0.0 %	

(b.)	Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable. If "No," submit as an Exhibit an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]																				
(c.)	Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555? If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here . [Broadcast Interests Subform] [Newspaper Interests Subform]	<input type="radio"/> Yes <input checked="" type="radio"/> No																				
(d.)	Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? If "Yes", complete the information describing the relationship. <table border="1"> <thead> <tr> <th colspan="5">Familial Relationships</th> </tr> <tr> <th>Copy</th> <th>Name</th> <th>Parent/ Child</th> <th>Spouse</th> <th>Siblings</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>JAMES E. ROGERS</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>2.</td> <td>BEVERLY ROGERS</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Familial Relationships					Copy	Name	Parent/ Child	Spouse	Siblings	1.	JAMES E. ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	2.	BEVERLY ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Familial Relationships																						
Copy	Name	Parent/ Child	Spouse	Siblings																		
1.	JAMES E. ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																		
2.	BEVERLY ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																		
(e.)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee or Permittee? If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest. [Enter Attribution Exemption Information]	<input type="radio"/> Yes <input checked="" type="radio"/> No																				

SECTION III - CERTIFICATION

I certify that I am MEMBER

(Official Title)

of RUBY MOUNTAIN BROADCASTING, LLC

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature TIM YOCK	Date 05/30/2014
Telephone Number of Respondent (Include area code) 7026423333	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 2

Description: EXHIBIT 2

RESPONDENT IS A LIMITED LIABILITY COMPANY

Attachment 2

Description
Intermountain west subsidiary information

Attachment 5

Description
ORGANIZATIONAL CHART

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (March 2013)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS <i>AMENDMENT</i>		FOR COMMISSION USE ONLY FILE NO. -20140530AUA

Section I - General Information

1.	Legal Name of the Respondent RUBY MOUNTAIN BROADCASTING, LLC		
	Street Address (1) 1500 FOREMASTER LANE		
	Street Address (2)		
	City LAS VEGAS	State or Country (if foreign address) NV	ZIP Code 89101 -
	Telephone Number (include area code) 7753366216	E-Mail Address (if available) DHILL@MYNEWS4.COM	
	FCC Registration Number: 0006464127	Call Sign KENV-DT	Facility ID Number 63845
2.	Contact Representative J. DOMINIC MONAHAN		
	Firm or Company Name LUVAS COBB		
	Street Address (1) 777 HIGH STREET		
	Street Address (2) SUITE 300		
	City EUGENE	State or Country (if foreign address) OR	ZIP Code 97401 - 2787
	Telephone Number (include area code) 5414849292	E-Mail Address (if available) DMONAHAN@LUVASCOBB.COM	
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 05/28/2014 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		

d. ☐ Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.

e. ☐ Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. ☒ Amendment to a previously filed Ownership Report

File Number: BOL-20140530AUA

If an Amendment, **submit as an Exhibit** a listing by Section and Question Number the portions of the previous Report that are being revised.

[Exhibit 1]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
RUBY MOUNTAIN BROADCASTING, LLC	0006464127

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KENV-DT	63845	ELKO , NEVADA	Television

8. Respondent is:

- ☐ Sole Proprietorship ☐ Not-for-profit corporation ☐ Limited partnership
☐ For-profit corporation ☐ General partnership ☒ Other

If "Other," describe nature of the Respondent in an Exhibit.

[Exhibit 2]

Section II-A - Non-Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, Permittees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee or Permittee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

☐ Not Applicable

Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	NETWORK AFFILIATION AGREEMENT	NBC UNIVERSAL	Month JANUARY Year 2001	Month DECEMBER Year 2017 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
2.					

	JOINT SALES AGREEMENT	SINCLAIR BROADCAST GROUP	Month NOVEMBER Year 2013	Month NOVEMBER Year 2021 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
3.	MANAGEMENT AGREEMENT	INTERMOUNTAINWEST COMMUNICATIONS	Month NOVEMBER Year 2013	Month NOVEMBER Year 2021 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
4.	SHARED SERVICES AGREEMENT	SINCLAIR BROADCAST GROUP	Month NOVEMBER Year 2013	Month NOVEMBER Year 2021 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees , Permittees, or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)
☒ Not Applicable
[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee or Permittee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee or Permittee for which the report is being submitted.

Ownership Interests Information		
Copy 1.	Name	RUBY MOUNTAIN BROADCASTING, LLC
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)

	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0006464127
	Percentage of votes	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 2.	Name	JAMES E ROGERS, TRUSTEE OF THE JAMES E. ROGERS TRUST
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor

		<input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0021267950	
	Percentage of votes	97 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 3.	Name	BEVERLY ROGERS TRUSTEE OF THE BEVERLY ROGERS TRUST	
	Address	Street 1901 PLAZA DELDIOS City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0021267984	
	Percentage of votes	3 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 4.	Name	LISA HOWFIELD	
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code	

	89101 - Country (if not U.S.)										
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder										
Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest										
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):										
FCC Registration Number	0021252127										
Percentage of votes	0 %										
Percentage of total assets (equity debt plus)	0 %										
Copy 5.	<table border="1"> <tr> <td>Name</td> <td>TIMOTHY YOCK</td> </tr> <tr> <td>Address</td> <td> Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> <tr> <td>Relationship to Licensee/Permittee</td> <td> <input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest </td> </tr> <tr> <td>Positional Interest (Check all that apply)</td> <td> <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder </td> </tr> </table>	Name	TIMOTHY YOCK	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder
Name	TIMOTHY YOCK										
Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 89101 - Country (if not U.S.)										
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder										
Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest										
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder										

		<input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0019307040	
	Percentage of votes	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 6.	Name	FRANCES GOLDBERG	
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA Postal/ZIP Code 08101 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
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	FCC Registration Number	0019307107	
	Percentage of votes	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 7.	Name	INTERMOUNTAIN WEST COMMUNICATIONS COMPANY	
	Address	Street 1500 FOREMASTER LANE City/State LAS VEGAS , NEVADA	

Postal/ZIP Code
89101 -
Country (if not U.S.)

Listing Type
☐ Respondent
☒ Other Interest Holder

Relationship to Licensee/Permittee
☐ Licensee/Permittee (or Officer/Director of Licensee/Permittee)
☐ Person with attributable interest
☒ Entity with attributable interest

Positional Interest
(Check all that apply)
☐ Officer
☐ Director
☐ General Partner
☐ Limited Partner
☐ LC/LLC/PLLC Member
☐ Owner
☐ Stockholder
☐ Attributable Creditor
☐ Attributable Investor
☒ Other (please specify):
 PARENT COMPANY

FCC Registration Number 0003708823

<input type="checkbox"/>	Percentage of votes	0 %	
<input type="checkbox"/>	Percentage of total assets (equity debt plus)	0 %	

(b.)	Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable. If "No," submit as an Exhibit an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]
(c.)	Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555? If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here . [Broadcast Interests Subform] [Newspaper Interests Subform]	<input type="radio"/> Yes <input checked="" type="radio"/> No

(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No																				
<table border="1"> <thead> <tr> <th colspan="5">Familial Relationships</th> </tr> <tr> <th>Copy</th> <th>Name</th> <th>Parent/Child</th> <th>Spouse</th> <th>Siblings</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>JAMES E. ROGERS</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>2.</td> <td>BEVERLY ROGERS</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>			Familial Relationships					Copy	Name	Parent/Child	Spouse	Siblings	1.	JAMES E. ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	2.	BEVERLY ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Familial Relationships																						
Copy	Name	Parent/Child	Spouse	Siblings																		
1.	JAMES E. ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																		
2.	BEVERLY ROGERS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																		
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee or Permittee ?</p> <p>If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> <p>[Enter Attribution Exemption Information]</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No																				

SECTION III - CERTIFICATION

I certify that I am MANAGER

(Official Title)

of KENV-DT

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature TIM YOCK	Date 06/02/2014
Telephone Number of Respondent (Include area code) 7026423333	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits**Attachment 1**

Description
Correct Organizational Chart

Exhibit 2**Description:** EXHIBIT 2

RESPONDENT IS A LIMITED LIABILITY COMPANY

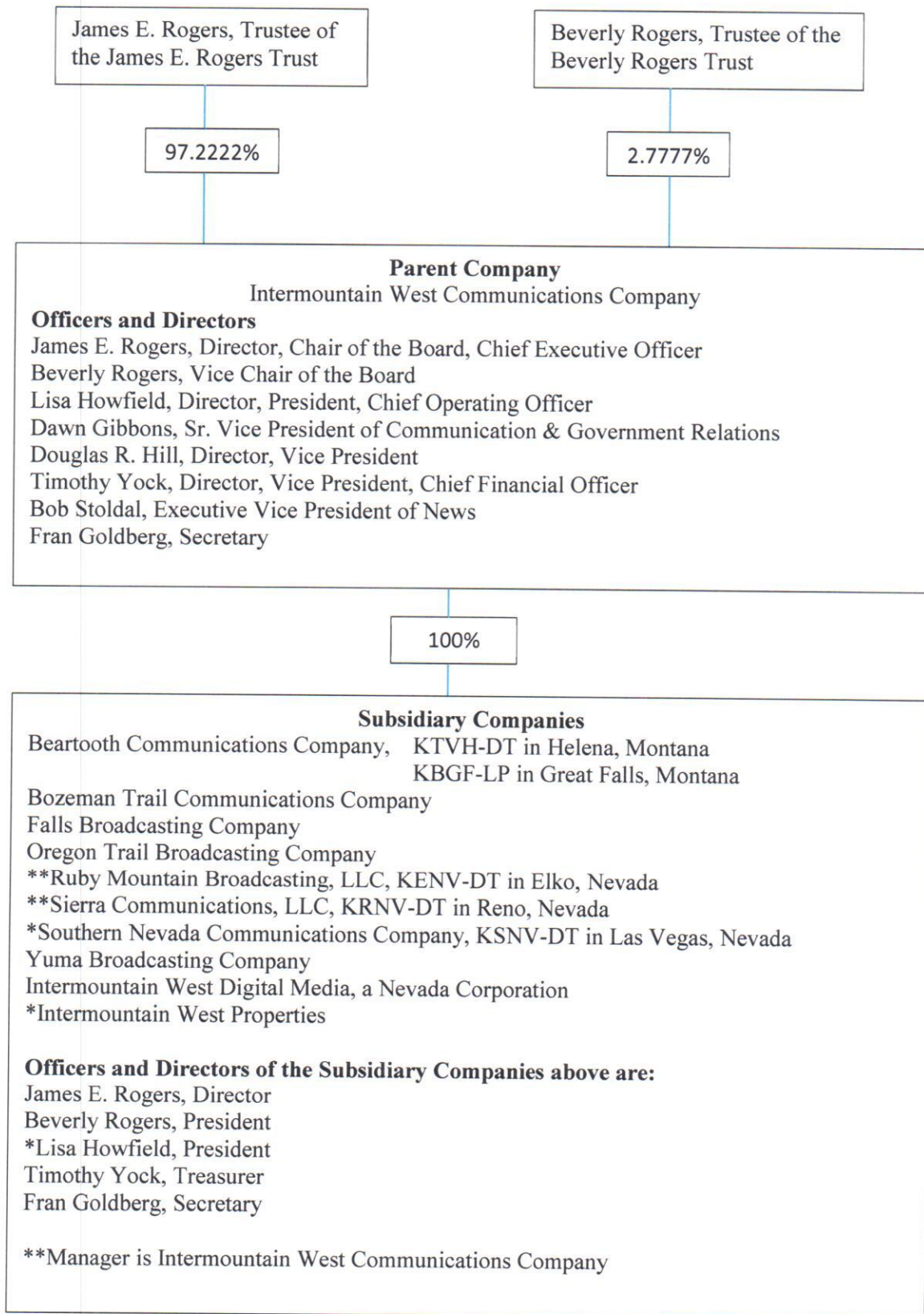
Attachment 2

Description
intermountain west subsidiary information

Attachment 5

Description
ORGANIZATIONAL CHART

ORGANIZATIONAL CHART



Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0113 (March 2003)	FOR FCC USE ONLY
FCC 396		
BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT (To be filed with broadcast license renewal application)		FOR COMMISSION USE ONLY FILE NO. B396 - 20140530ATZ
Read INSTRUCTIONS Before Filling Out Form		

Section I

Legal Name of the Licensee RUBY MOUNTAIN BROADCASTING, LLC		
Mailing Address 1500 FOREMASTER LANE		
City LAS VEGAS	State or Country (if foreign address) NV	Zip Code 89101 -
Telephone Number (include area code) 7753366216	E-Mail Address (if available) DHILL@MYNEWS4.COM	
	Facility ID Number 63845	Call Sign KENV-DT
TYPE OF BROADCAST STATION: (if applicable)	Commercial Broadcast Station <input type="radio"/> Radio <input checked="" type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International	Noncommercial Broadcast Station <input type="radio"/> Educational Radio <input type="radio"/> Educational TV

Application Purpose

- ☒ New Program Report
☐ Amendment to Program Report

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through II should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

[Stations Locations]

CONTACT PERSON IF OTHER THAN LICENSEE

Name J. DOMINIC MONAHAN		Street Address 777 HIGH STREET SUITE 300	
City EUGENE	State OR	Zip Code 97401-2787	Telephone Number 5414849292

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs

five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

DISCRIMINATION COMPLAINTS. Have any pending or resolved complaints been filed during ☐ Yes ☒ No this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

[Exhibit 1]

Does your station employment unit employ fewer than five full-time employees? ☒ Yes ☐ No

Consider as "full-time" employees all those permanently working 30 or more hours a week.

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

CERTIFICATION.

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Name of Respondent TIM YOCK
Title MEMBER	Telephone No. (include area code) 7026423333
Date 5/30/2014	

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion,



MAY 29, 2014

**KENV-DT employed less than 5 full time employees during
the last EEOC reporting period of
May 22, 2013 through May 21, 2014.**

**Therefore the station is exempt from preparing
and filing an EEOC Report for the reporting period ending
May 21, 2014.**